



## **Curriculum for the Acute Medicine Rotation at the Lemuel Shattuck Hospital**

### **Overview**

The Acute Medicine rotation at the Lemuel Shattuck Hospital is the most intense learning experience during the Transitional Year Residency. Direct care of hospitalized patients is the cornerstone of developing a resident's skills in internal medicine. This outline and the competency-based curriculum serve as the backbone of the experience and as a reference during this rotation.

### **Goal**

The overall goal of the ward experience is to enhance the resident's skills as a physician by taking responsibility for his or her patients and directing their care. The resident will be functioning as a member of a team, and therefore, effective communication with team members is critical. Residents will have the opportunity to enhance their skills as educators during this rotation by sharing knowledge with others.

### **Team Organization**

There is one Acute Medicine team at Shattuck. The team consists of four PGY-1 residents (2 LSH, 1 Carney, 1 Lahey Clinic) with a supervising Tufts Medical Center PGY-3 resident. There is one attending physician who is assigned to the team. Other members of the team may include 2 (two) 3<sup>rd</sup> year medical students from Tufts University School of Medicine.

### **Admissions**

Admissions to Acute Medicine service are limited to on call when on a rotating 3-day call cycle.

Numbers of admissions and resident census are mandated by the ACGME.

There are no more than 10 patients on a PGY-1 census, with no more than 5 new admissions per 24 hr. call.

All patients admitted to the medical service by a PGY-1 resident are reviewed and evaluated by the supervising PGY-3 resident/attending physician. An effort should be made to evaluate patients jointly.

### **Noon Conferences**

Noon conference attendance is mandatory to all residents. Noon conference schedule is as follows:

- ⌚ AIDS/HIV Conference - Mondays
- ⌚ Grand Rounds/Morbidity & Mortality Lectures - Tuesdays
- ⌚ Subspecialty Lectures/Journal Club – Wednesdays & Thursdays

- 🕒 Tumor Board / Pathology / Case Presentation Conference - Fridays

## **Rounds**

The evaluation of patients as a team is critical to multidisciplinary care. These rounds occur throughout the day; however, they are mandated during certain times.

- 🕒 Pre-rounds (7:15 to 7:30 am): PGY-1 evaluation of patients to assess critical overnight concerns
- 🕒 7:30 to 9:30 am: Senior Resident multidisciplinary team rounds
- 🕒 9:30 to 10:00 am: Radiology rounds
- 🕒 10:00 to 10:30 am: Resident Work rounds
- 🕒 10:30 am to 12:00 pm: Attending teaching rounds: Didactic discussion of patient management issues, with case presentations of admitted patients. The ward attending presents a discussion of either a case or topic of interest. Discussion of the literature is essential to making this a meaningful learning experience.

## **Principle Educational Goals Based on the ACGME General Competencies**

In the tables below, the principle educational goals of the Ward curriculum are listed for each of the six ACGME competencies:

- 1) Patient Care
- 2) Medical Knowledge
- 3) Practice-Based Learning and Improvement
- 4) Interpersonal and Communication Skills
- 5) Professionalism
- 6) Systems-Based Practice

The abbreviations for the types of learning environments and evaluation methods are defined below. Each competency is also defined.

Learning Environments:

SRR	Senior Resident rounds
AR	Attending rounds
NC	Noon Conference
RWR	Resident Work rounds

## Evaluation Methods:

ME	Monthly evaluation
MCX	Mini-Cex
SRE	Senior resident evaluation
NE	Nursing/staff evaluation (360° evaluation)

### 1) Patient Care

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Perform a comprehensive physical examination	SRR AR	ME MCX SRE
Obtain advanced cardiac life support (ACLS) certification (course at the beginning of academic year)	ACLS	Certification
Formulate and carry out effective patient management plans	SRR AR	ME SRE MCX
Perform a focused physical examination	SRR AR	ME MCX SRE
Document clearly and succinctly patient management in the form of admitting notes and daily progress notes	SRR AR	ME SRE
Independently formulate and carry out a patient care plan	SRR AR	ME MCX SRE

## 2) Medical Knowledge

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Present topics relevant to patient care at senior resident/attending rounds	AR SRR	ME
Use and access literature sources such as Up-To-Date to direct patient care	AR SRR	AR SRE
Order and interpret appropriate laboratory and radiologic testing	AR SRR	ME SRE
Expediently acquire relevant clinical literature to enhance direct patient care	AR SRR	ME SRE

## 3) Practice-Based Learning and Improvement

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Identify errors made in patient care	SRR, AR	ME SRE
Identify gaps in knowledge and pursue independent reading to improve	SRR, AR	ME SRE

Perform a literature search effectively to answer a clinical question	Noon conferences/Journal Club	Journal club evaluation RE SRE
Identify pharmacy, nursing, and PT/OT resources to assist in patient care	SRR Multidisciplinary rounds AR	360 Evaluation SRE ME

#### 4) Interpersonal and Communication Skills

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Deliver effective sign-out and transfer of care	RWR	SRE ME
Communicate daily with members of the patient care team (attendings, consultants, case managers, etc.)	RWR	SRE ME
Communicate effectively with patients and their families	AR	MCX 360 evaluation SRE ME
Coordinate care of patients with multidisciplinary services	Multidisciplinary rounds SRR AR	ME SRE 360 evaluation

## 5) Professionalism

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Treat patients with respect and integrity	AR, SRR	MCX ME SRE 360 evaluation
Maintain patient confidentiality at all times	AR, SRR	ME SRE 360 evaluation
Organize and lead a team of caregivers into an effective patient management unit	AR, SRR Multidisciplinary rounds	ME SRE 360 evaluation
Recognize and address behavior that is unprofessional in junior colleagues or peers	AR, SRR	ME SRE

## 6) Systems-Based Practice

<b>Objective</b>	<b>Learning Environment</b>	<b>Evaluation Method</b>
Integrate case management early and effectively in patient care	SRR, AR Multidisciplinary rounds	ME SRE
Understand the role of clinical pathways in managing disease	SRR, AR	ME SRE MCX
Implement and review clinical pathways	SRR, AR	ME SRE MCX

## Ward Curriculum Checklist

<b>Cardiovascular</b>
Chest pain syndrome
Arrhythmia
Atrial fibrillation
Atrial flutter
Ventricular tachycardia
SVT
Congestive heart failure
Systolic
Diastolic
Valvular heart disease
Syncope
Pericarditis
Hypertensive crisis
Urgency
Emergency
Deep venous thrombosis
<b>Substance Abuse</b>
Alcohol withdrawal syndrome/D.T.
PSA toxicity/withdrawal
<b>Pulmonary/Critical Care</b>
Pneumonia
Asthma
COPD
Pneumothorax
Interstitial lung disease
Pleural effusion
Shock syndrome
Mechanical ventilator
Toxic syndrome
<b>Gastroenterology</b>
Upper GI bleed
Lower GI bleed
Acute hepatitis/acute hepatic failure
Complications of cirrhosis
Pancreatitis
Acute Diarrhea
Acute Jaundice

Inflammatory bowel disease
Biliary sepsis
Parenteral and enteral nutrition
<b>Hematology</b>
Acute and chronic leukemia
Disseminated intravascular coagulopathy
Approach to anemia
Clotting disorders
Hypercoagulable states
Anticoagulation
Blood product transfusion
Thrombocytopenia
Neutropenic hosts
<b>Oncology</b>
Indications and toxicity of chemotherapeutic regimes
Recognition of oncologic emergencies
Pain Management
Primary malignancies of:
Breast
Colon
Lung
Esophagus
Stomach
Endometrium, cervix, ovary
Kidneys
Liver
Bladder
Brain
Lymphoma, Non-Hodgkin's and Hodgkin's
Melanoma
Multiple myeloma
<b>Infectious Disease</b>
HIV/HIV related illnesses
Tuberculosis
Endocarditis
Osteomyelitis
Meningitis and encephalitis
Cellulitis
Pneumonia
Fever of unknown origin



Bacteriemia
Joint infections
Febrile neutropenia
Urinary tract infections
Infectious diarrhea
HIV-related illness
<b>Nephrology</b>
Acute renal failure
Chronic renal failure
Hyperkalemia
Hypokalemia
Hypernatremia
Hyponatremia
Metabolic acidosis
Nephrolithiasis
Nephrotic syndrome
<b>Rheumatology</b>
Vasculitis
Acute arthritis
SLE
Crystal-induced arthritis
<b>Endocrinology</b>
Diabetes mellitus
DKA
Hyperosmolar coma
Insulin therapy
Thyroid diseases
Hyperthyroidism
Hypothyroidism
Adrenal disorders
Excess
Deficiency
Hypercalcemia
<b>Neuropsychiatry</b>
Seizures/Epilepsy
Delirium/acute change in mental status
Acute psychosis
Headache
Dementia
Neuromuscular emergency
Hysteria/Personality disorders